

WARREN COUNTY PUBLIC DEFENDER/ASSIGNED COUNSEL - APPLICATION FOR COUNSEL

**Complete and return this form “In Person” to:** Warren County Assigned Counsel Office  
9:00 A.M.-NOON ONLY Warren County Municipal Center  
1340 State Route 9  
Lake George, NY 12845  
(518) 761-6460

**ALL QUESTIONS MUST BE ANSWERED – DO NOT ANSWER WITH “N.A.” ON THIS APPLICATION**

Court: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Charges/Matter: \_\_\_\_\_

Co-Defendant(s), Other Parties’ or Victim(s) Name(s): \_\_\_\_\_

**Contact Information:**

1. Applicant’s Name: \_\_\_\_\_ Age: ♂ \_\_\_\_\_ D.O.B ♂ \_\_\_\_\_

\*\*Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #'s: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (other) \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

⚠NOTE: If you are under 21 and not emancipated, **both** you and your parents’ financial information must be submitted with this form or if you have no source of income and reside with other adults who have income, **both** yours and their financial information must be submitted with this form.

1a. Were you born in the US? Yes or No If not, where were you born? \_\_\_\_\_

2. Marital Status (check one): Single | Married | Separated | Divorced | Widowed |

3. Spouse/Other Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Income: \_\_\_\_\_

4. (a) Are you employed? Yes | No | (b) Job Description: \_\_\_\_\_  
(c) Employer’s Name/Address & Phone: \_\_\_\_\_

5. (a) Are you a student? Yes | No | (b) Where? \_\_\_\_\_  
(c) How Long? \_\_\_\_\_ (d) Full Time | Part Time |. If so, how many hours? \_\_\_\_\_

6. (a) What is your gross monthly income? \* \$ \_\_\_\_\_  
(b) Do you or anyone in your household receive any of the following (enter **monthly** amount):  
Disability \$ \_\_\_\_\_; Social Security \$ \_\_\_\_\_; Worker’s Comp. \$ \_\_\_\_\_;  
Unemployment \$ \_\_\_\_\_; Social Services \$ \_\_\_\_\_; Child Support/Alimony \$ \_\_\_\_\_;  
Pension Benefit \$ \_\_\_\_\_; Retirement Benefit \$ \_\_\_\_\_; Other \$ \_\_\_\_\_.  
(c) Do you derive income from some source other than listed here? \_\_\_\_\_

**QUESTION #7 MUST BE COMPLETED. IF LEFT BLANK, YOUR APPLICATION WILL BE DENIED.**

7. If you have indicated no income, what is your present means of support?  
\_\_\_\_\_

\* You must attach a copy of your most recent tax return and last four pay stubs or, if self-employed, copies of the last two years tax returns and the last two months business ledger sheets. If receiving unemployment, disability, workers compensation, public assistance, or Social Security benefits, proof of your grant, award, or payment amount is required. Applicant agrees to immediately notify the Assigned Counsel/Public Defender’s Office of any change in circumstances, during the pendency of this case, which would require a change in any of the answers to the questions asked on this application.

\*\* If you are incarcerated when completing this application, any change in your status as an inmate may affect your eligibility for counsel. If you are released, bailed or bonded you must complete a new application immediately.

**This is a legal document. The consequences for falsifying and/or lying,  
by error or omission, on this form is a punishable offense.**

8. Do you or anyone in your household have: Cash \$\_\_\_\_\_; Checking Acct.? \$\_\_\_\_\_; Savings Acct.? \$\_\_\_\_\_; Life Insurance? \$\_\_\_\_\_; Stocks/Bonds? \$\_\_\_\_\_; Other Assets? \$\_\_\_\_\_.
9. Do you currently have an attorney for any other legal matters? Yes | No | If so, for what and who is the attorney? \_\_\_\_\_  
Has a retainer been paid to this attorney? Yes | No | If so, by whom and how much? \$\_\_\_\_\_.
10. Do you have any prior convictions? Yes | No | If so, list them \_\_\_\_\_  
Did you or someone you know post bail or bond for the present matter? Yes | No |  
If so, whom (with address & phone number) and how much?\_\_\_\_\_.

### Property

11. Do you or anyone in your household have an interest in real property?: Yes | No | Where \_\_\_\_\_  
Property Description \_\_\_\_\_ Value:\$\_\_\_\_\_ Mortgage Amount: \$\_\_\_\_\_.
12. Do you or anyone in your household have: Automobile(s) Yes | No | How many?: \_\_\_\_\_  
Model(s)/Year(s): \_\_\_\_\_ Value: \$\_\_\_\_\_.
13. Do you or anyone in your household have: Snowmobiles, ATV's, Boats or other RV's; Yes | No |  
Models/Years \_\_\_\_\_ Value: \$\_\_\_\_\_.

### Monthly Expenses -YOU MUST SUBMIT PROOF OF ANY EXPENSE LISTED ON THIS APPLICATION.

14. Complete the following monthly expenses by filling in the dollar amounts.

Mortgage \$	Rent \$	H.O. Ins. \$	Medical \$
Food \$	Cable \$	Medical Ins. \$	Pharmacy \$
Utilities \$	Auto Payment\$	Car Ins. \$	Credit Cards \$
Water \$	Home Fuel \$	Life Ins. \$	Loans \$
Prop. Taxes \$	Telephone \$	Garbage \$	Other \$

### Household

15. List the names, ages, occupation, job/income source (include employers name and address) and income of **all the persons in the household in which you reside.**

- a. Name APPLICANT Age \_\_\_\_\_ Job \_\_\_\_\_  
Income \$\_\_\_\_\_/week/bi-weekly/month gross
- b. Name \_\_\_\_\_ Age \_\_\_\_\_ Job \_\_\_\_\_  
Income \$\_\_\_\_\_/week/bi-weekly/month gross
- c. Name \_\_\_\_\_ Age \_\_\_\_\_ Job \_\_\_\_\_  
Income \$\_\_\_\_\_/week/bi-weekly/month gross
- d. Name \_\_\_\_\_ Age \_\_\_\_\_ Job \_\_\_\_\_  
Income \$\_\_\_\_\_/week/bi-weekly/month gross
- e. Name \_\_\_\_\_ Age \_\_\_\_\_ Job \_\_\_\_\_  
Income \$\_\_\_\_\_/week/bi-weekly/month gross

Are you a US Citizen? Yes or No

**I hereby certify, under penalty of perjury, that the answers given are true and correct.**

I understand that if an attorney is assigned to me, I may be required to **repay** the County of Warren for all or part of such representation if at any time during these proceedings I am found to be ineligible. **Answer All Questions and Do Not Mark ("N/A") On This Application.**

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Applicant)

Sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public